



DEPARTMENT OF SMALL BUSINESS DEVELOPMENT
Small Business Enterprise Certification Eligibility Requirements

Small Business Programs:

SBEs (Small Business Enterprise) are small business owners that provide goods and/or services to Miami-Dade County. The SBE program, which is race and gender neutral, consists of two tiers. Micro Enterprise (ME) - three (3) year average annual gross revenues cannot exceed 2 million dollars except manufacturers whose number of employees cannot exceed fifty (50) and wholesalers whose number of employees cannot exceed fifteen (15).

Small Business Enterprise (SBE) - three (3) year average gross revenues cannot exceed 5 million dollars except manufacturers whose number of employees cannot exceed one hundred (100) and wholesalers whose number of employees cannot exceed fifty (50).

- Located and performing a commercially useful function in Miami-Dade County
- Must be registered vendors with the Department of Procurement Management (DPM)
- Must be properly licensed to do business with Miami-Dade County

CSBEs (Community Small Business Enterprise) are defined as independent construction companies that are:

- Located and performing a commercially useful function in Miami-Dade County
- Not exceeding 3-year average gross receipts of \$10 million for general building (NAICS 233/SIC 15), \$6 million for heavy construction contractors (NAICS 234/SIC 16), and \$5 million for specialty trade contractors (NAICS 235/SIC 17)
- Qualified by an owner with at least 10% of the firm's issued stock
- Personal Net Worth does not exceed \$1,500,000 for each owner.

CBEs (Community Business Enterprise) are defined as independent corporations, partnerships, sole proprietors or other legal entities in the architecture and/or engineering industry that:

- The qualifier owns at least 25% of firm
- Have actual place(s) of business in Miami-Dade County
- Have 3-year average gross receipts not exceeding \$4.5 million for architectural and \$6 million for engineering, surveying and mapping services, and landscape architectural services.

LDBs (Local Development Business) are small businesses that have nonexclusive permits to provide general aeronautical services to commercial aircraft operators and airlines at Miami International Airport. Firm must be profit motivated. Non-Profit organizations are not eligible for LDB certification.

- The firm's principle place of business must be located in Miami-Dade County or the firm must be at least fifty-one percent (51%) owned by a person or persons whose primary residence is in Miami-Dade County.
- Firm must have 3-year average annual gross receipts/revenues not exceeding \$17 million.
- Firm must possess the required license(s) to conduct business in Miami-Dade County.

Disadvantaged Business Programs:

DBEs (Disadvantaged Business Enterprise) - Please download application at:

<http://osdbuweb.dot.gov/DBEProgram/index.cfm>



CERTIFICATION APPLICATION

DEPARTMENT OF SMALL BUSINESS DEVELOPMENT
STEPHEN P. CLARK BUILDING
111 N.W. 1ST STREET, 19th Floor
MIAMI, FL 33128
PH: (305) 375-3111
FAX: (305) 375-3160
WEBSITE: www.miamidade.gov/sba

Date Received (Stamp Date Below):

INSTRUCTIONS: Please complete each item. *Do not leave any spaces blank. If a question is not applicable to your business, please insert "N/A" in the space provided for your answer.* Whenever space is insufficient to answer a question completely, attach additional sheets necessary; use the question number to identify any answer continued on an additional sheet. *An incomplete application will be returned.*

1. FIRM NAME & ADDRESS

Firm Name: _____
Trade Name or D/B/A: _____
Business Street Address: _____ Commissioner District#: _____
City: _____ State: _____ Zip Code: _____ County: _____
Contact Person: _____ Title: _____
Majority Owner's Name: _____
Office Telephone: _____ Fax: _____ Business Cell Phone: _____
E-mail: _____
Mailing Address (if different): _____ Owner's Primary Residence (SBE and LDB Only): _____

2. CHECK CERTIFICATION(S) REQUESTED:

Small Business Programs:

- ☐ Community Small Business Enterprise (CSBE)
☐ Community Business Enterprise (CBE)
☐ Micro/Small Business Enterprise (SBE)

Other Programs:

- ☐ Disadvantaged Business Enterprise (DBE)
☐ Local Developing Business (LDB)
☐ Airport Concessionaire Disadvantaged Business Enterprise (ACDBE)

Note: (CBE applicants must have approved Technical Certification (305-375-4784))

CBEs and CSBEs must submit a copy of the State Professional License or Local Certificate of Competency

3. BUSINESS ESTABLISHED: ____/____/____

BUSINESS STRUCTURE:

☐ CORPORATION

Date of Incorporation: ____/____/____

State of Corporation: _____

Number of Shares: _____

Authorized

Issued

Preferred: _____

Common: _____

☐ LLC

☐ PARTNERSHIP

☐ SOLE PROPRIETORSHIP

☐ FEDERAL ID NO. _____

4. NUMBER OF EMPLOYEES:

Permanent/Full Time _____ Part Time _____ Temporary _____



5. SERVICES PROVIDED/WORK PERFORMED/PRODUCTS SOLD

(Please use the NIGP Commodity Codes for SBE)

(Please use the NAICS Codes for all other enterprises)

(Please use the Technical Certification Categories for CBE)

6. GROSS RECEIPTS FOR LAST THREE YEARS: *Please submit CPA/Officer signed copies of corporate federal tax returns*

200__ : \$ _____

200__ : \$ _____

200__ : \$ _____

**If applying for the DBE or ACDBE Business Enterprises, you must submit complete signed copies of the last 3 years of personal and corporate tax returns.*

7. QUALIFIER OR LICENSE HOLDER'S NAME (if applicable): _____

8. OFFICE FACILITY (Check One)

☐ **Rent / Lease**

☐ **Own** *(Please submit current signed copy of the lease agreement/warranty deed)*

If rent, provide:

Name of Landlord: _____

Address: _____

City: _____ State: _____ Zip Code: _____

List separately other facilities used for storage in the operations of the business.

You must submit copies of the current year Miami-Dade County Local Business Tax Receipt. If located within a municipality (i.e. City of Coral Gables, City of Miami), you must also submit a copy of the equivalent document.

9. CONTROL OF FIRM

Identify those individuals who are responsible for day-to-day management and policy decisions.

Check where applicable and provide resumes of each individual.

Name	Race/ Ethnicity	Sex	Title	Financial Decisions	Management Decisions	Mgt. Technical Personnel	Marketing Decisions	Field Supervisor
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

10. Name of current members of the Board of Directors:

Name	Ethnicity	Period of Service	% Stock Owned
_____	_____	____/____/____ - ____/____/____	_____
_____	_____	____/____/____ - ____/____/____	_____
_____	_____	____/____/____ - ____/____/____	_____



11. Identify all shareholders, owners or partners individually and list the requested information for each.

Name	Race/Ethnicity Group	Sex M/F	No. of Shares Issued	% of Ownership	Total Cost of Shares	Date Shares Acquired	(CSBE Only) Personal Net Worth
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Are all owners U.S. Citizens: ☐ Yes ☐ No If "no", submit proof of residency for non-citizens.

12. Identify Company Officers/Key Personnel. Indicate responsibilities and provide separate resume for each individual:

Title	Name	Date Elected/Employed	Sex M/F	Race/Ethnicity	Current Salary
President	_____	_____	_____	_____	_____
Vice President	_____	_____	_____	_____	_____
Secretary	_____	_____	_____	_____	_____
Treasurer	_____	_____	_____	_____	_____
Chief Operating Off.	_____	_____	_____	_____	_____
Qualifier	_____	_____	_____	_____	_____

13. If any owner of the applicant firm has ownership interest in another company, please identify company in which interest is held:

Name	Company Name	Type of Business	% Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Which of the above firms, if any, are certified by Miami-Dade County? _____

***Please submit signed copies of corporate federal tax returns for the previous three years for all above-mentioned firms. (DBE/ACDBE must submit complete corporate federal tax returns for all firms)

14. If your company is owned in full or in part by another firm, identify that firm and percentage of ownership interest (Include Mesbics, venture capitalists, and other similar investors.)

Firm Name	Address	% Ownership	Contact Person	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. Identify any owner or management official of this firm who is or has been an employee of another firm that has an ownership interest in or a present business relationship with this company. Such business relationships include: shared space, equipment, financing, or employees; both firms having some of the same owners; or a contractor-subcontractor relationship.

Name	Title	Affiliated Company	% Stock Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Identify Banking Institution(s):

Name of Institution	Address	Contact Person	Type of Account
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Number of signatures required on company checking account: _____

Please provide the signatures of all officers/key personnel of the firm and indicate if they are authorized to sign.

	Print Name	Signature	Authorized to Sign Checks
President	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vice President	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secretary	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treasurer	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chief Operating Officer	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Qualifier/License Holder	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. If other persons are authorized to sign checks, please indicate:

Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



19. List all cash contributions to your business during the past 36 months, including gifts, loans, equipment, expertise:

Source of Contribution	Type of Contribution	Amount/Value	Purpose of Contribution

20. Has your firm been denied certification, decertified, suspended, or challenged as a small, minority, or Disadvantaged Business Enterprise (DBE) by any agency or institution during the past 36 months?

☐ Yes ☐ No If "Yes", Identify:

Agency	Type of Action	Telephone	Contact Person	Date of Denial
				__/__/__
				__/__/__
				__/__/__
				__/__/__

21. Has your firm been certified/pending as a small, minority, or Disadvantaged Business Enterprise (DBE) by any agency or institution during the past 36 months?

Agency	Telephone	Contact Person	Expiration
			__/__/__
			__/__/__
			__/__/__
			__/__/__

22. a. Is your firm authorized to do business in the State of Florida, and does your firm have all the required business licenses?

☐ Yes ☐ No If "No", please explain:

b. Is your firm authorized to do business in Miami-Dade County?

☐ Yes ☐ No If "No", please explain:

23. Identify and fully explain any changes within the past 15 months affecting the ownership, control and/or responsibility for the day-to-day operations of the company (use a separate sheet if necessary):

24. During the past 15 months has any owner, key management official, or qualifier been employed in any capacity by another company?

☐ Yes ☐ No If "yes", please identify owner, qualifier, or management official employed; the employer; job title/work performed; salary/compensation.

25. List three (3) projects/contracts/proposals completed by your business during the past 12 months:

Project	Amount	Completion Date	Name of Client and Contact Person	Telephone
_____	\$ _____	___/___/___	_____	_____
_____	\$ _____	___/___/___	_____	_____
_____	\$ _____	___/___/___	_____	_____

26. Are any owners of the business employed or have ever been employed by Miami-Dade County?

☐ Yes ☐ No If "yes", please complete the following

Name: _____

Department: _____

Starting Date: ___/___/___ Ending Date: ___/___/___



CERTIFICATION DOCUMENT CHECKLIST

Please include all support documents with your application

Failure to do so delays the certification review process

Please include this checklist for easier processing

Firm Name:		SBD Use Only
<input type="checkbox"/>	1. CSBE Personal Net Worth (Construction Firms Only) (See Section #11 of Application) <input type="checkbox"/> N/A	<input type="checkbox"/> Submitted
<input type="checkbox"/>	2. Copies of signed corporate federal tax returns), including all schedules for the last three (3) years or number of years a firm and/or affiliates have been in business. For sole proprietor, copies of individual tax returns for the last 3 years or number of years firm and/or affiliates have been in business, or a copy of Form 7004 (If Wholesaler/Manufacturer see #12)	<input type="checkbox"/> Submitted <input type="checkbox"/> Submitted - Affiliates
<input type="checkbox"/>	3. Proof of Ownership – Corporation/ LLC/Partnership/ Sole Proprietorship	<input type="checkbox"/> Submitted (Sunbiz Report)
<input type="checkbox"/>	4. Qualifier is an owner: CBE – 25% CSBE – 10% Micro/SBE – 10%	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/>	5. Picture ID for each owner (driver's license)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	6. Resume(s) for all Corporate Officers/Key Personnel (See Section #12 of Application)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	7. Copies of all current Miami-Dade County and municipality (e.g. City of Hialeah, City of Miami) Local Business Tax Receipt, individual, and firm if the firm is a professional association (e.g. accountant, architect, engineer)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	8. Copies of current State and local Certificate of Competency (front and back) from Miami-Dade County, contractor's professional license.	<input type="checkbox"/> Submitted
<input type="checkbox"/>	9. Firm name and address match Local Business Tax Receipt	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/>	10. Copy of current Technical Certification (Professional categories, land surveyors, mapping, geologist, etc.-CBE certifications ONLY)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	11. CBE/CSBE: Office located in Miami-Dade County (Current lease/sub-lease agreement, purchase or settlement agreement (for primary residence) or copies of warranty deed (home based businesses) Micro/SBE: Office located Miami-Dade County (current lease/sub-lease agreement, purchase or settlement agreement (for primary residence) or copies of warranty deed (home based businesses)	<input type="checkbox"/> Y <input type="checkbox"/> N If No, Where is Office Located? _____
<input type="checkbox"/>	12. Current Lease Agreement, Purchase agreement, or Copy of Warranty Deed to show ownership of property	<input type="checkbox"/> Submitted
<input type="checkbox"/>	13. Commodity codes for each trade category specific to license and/or technical certification	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/>	14. Copy of manufacturers or wholesalers most recent Florida Department of Revenue Employer's Quarterly Report-Form UCT-6 (Goods & Services Only)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	15. All affiliate documents (See Section #13 of Application) Name of Affiliates: _____ _____ _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Submitted (Sunbiz report for all entities in file)
	Comments:	



Department of Small Business Development (SBD)

Business Assistance Quick Profile & Planning Survey

Please return with your new or re-certification documentation

Tell Us About Your Business Are you certified in Miami-Dade County's Local Small Business Program(s)? Yes _____ No _____	Do you need assistance? Yes _____ No _____
<p>Name of Business: _____</p> <p>Your Name: _____</p> <p>Contact Telephone number(s): Business: _____ Cell: _____</p> <p>Business Address: _____</p> <p>Street _____ City _____ State _____ Zip _____</p> <p>Commissioner District # _____ http://www.miamidade.gov/commiss/</p> <p>E-Mail Address: _____</p> <p>How long have you been business? Less than 1 year _____ 1 – 3 years _____ More than 3 years _____</p> <p>Type of Business: Construction _____ Goods & Services _____ Architect/Engineer _____ Retail _____ Distribution _____ Manufacturing _____ Technology _____ Bonding Capacity _____</p> <p>Legal Structure of Business Sole Proprietary _____ Partnership _____ Limited Liability Corporation _____ S-Corporation _____ C-Corporation _____</p>	<p>If yes, please check desired services:</p> <p>Business Counseling _____</p> <p>Workshop/Classes _____</p> <p>Business Plan _____</p> <p>Marketing _____</p> <p>Credit Repair _____</p> <p>Legal Counseling _____</p> <p>Financing _____</p> <p>Accounting _____</p> <p>Bonding _____</p> <p>Employee Recruitment _____</p> <p>Tax Credit Information _____</p> <p>Insurance _____</p> <p>Business Tools _____ (i.e. Fax, PC, Software, etc)</p> <p>Other _____</p> <p>Are you interested in participating in periodic Roundtable Mentoring Sessions with other small business owners? Yes _____ No _____</p> <p>Do you belong to a Chamber of Commerce or Industry Association/Organization? Yes _____ No _____ If yes, please indicate below: _____ _____ _____</p>

Delivering Excellence Every Day